Analysis

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The main active preventative measures are those of cleaning the body and the clothes. The Burmese seem to be fastidious in this regard. The boiling of water and food is a similar measure. However, there does not seem to be much concern with communal sanitary measures as practical in western countries. It is difficult to see a real difference in the standard of preventative measures in Camp as opposed to Pathes. In effect, the individual standards are maintained and the communal ones remain as negative as previously.

The medical record as given by the family, though open to question as to accuracy in coming from laymen, does indicate a high incident of communicable diseases and apparent lack of deficiency disorders. The low incident of dysentery is surprising, but may not be accepted without question. The high incident of piles is interesting in suggesting a cultural disorder perhaps organically tied to the constant squat position. There appeared to be a greater incident of eyesores, chlds, and skin diseases in the refugee camp - perhaps as a result of greater crowding in the the urban situation. Certainly the dust of Rangoon is an active hazard in this regard.

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Most of the family's medical care has been that of Burmese practitioners. Only 3 cases was western medicine used, and in two of these Burmese remedies were also used. Dr. Sheppard, MCA medical advisor, and Ko Mya Tu interviewed U Myaing for the purpose of finding out his reactions to western medicine. His increased contact with modern medicine in Rangoon has had an effect on his thought as seen in the interview below:

> U Myaing said: "In our practical experience we find that western medicine is more efficacious (than native Burmese medicines). I remember the woman whom you (Ko Mya Tu) came and gave injections to. She recovered at once and is now hale and hearty - the woman who lives in the shed near our place (in the refugee camp). She was stricken with dysentery. She was suffering from 11 o'clock at night till morning, when an ambulance was summoned by telephone to take her to the hospital. She was given injections and by noon she was feeling very much better. Burmese doctors take much longer. Some of them mix in western medicines with their own. If we were given the choice we would prefer western medicine because it takes effect quicker. I have seen one case of Burmese medicine succeeding where western medicine failed. This was a case of urinary trouble."

25: Ferrars E-5 (ca. 1890) 1901 AP1 Burma
Burmese AP4

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88. MÈTHILA ON THE ROUND FOR SUN.

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struggles. Apart from this and the serfdom referred to at p. 32, slavery has only played a subordinate *rôle* in Burma within historic times. The *payadyún*, and they alone, are treated as outcasts by both of these populations. They beg for alms and also appropriate the offerings brought to the shrines in profusion at festivals. Their right to beg is admitted, although they frequently accumulate money and build fine houses.

Lepers (*anâ*) in many cases quit their families of their own accord and settle in the *payadyún* colony. In some places they were compelled to do so. The settlements have thus acquired the semblance of leper colonies. There are a few country villages of this character. Indigent lepers beg for alms. In 1891 there were 6,000 lepers in Burma, the highest ratio in the Indian Empire. There are now four leper asylums. Casual mendicancy is almost unknown in Burma.

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The Burman and Brahman soothsayers (p. 158) are regular frequenters of the shrines. The Burman astrologer (*bedin-sayâ*) casts horoscopes on the Brahman model (No. 279) and designates the days auspicious for undertakings. He takes his name from proficiency in reckoning, and is consulted about business calculations that cannot be done mentally.

89. SOOTHSAYER.

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The Buddhist duty-days (*âbbôt-ne, thadin*) follow the quarters of the moon. They are kept regularly during lent. On these days the pious laity of both sexes and sedate years observe the rule of *pôthudaw* and *mèthila* from sunrise to sunrise (*âbbôt-saung*). They adopt sober attire, or else white cotton clothing, which is considered the plainest of any. In the forenoon men and women separately repair to the temple rest-houses, whither food for the morning meal, which has been collected the previous evening from religious donors

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25; Ferrars E-5 (ca. 1890) 1901 AP1 Burma
Burmese AP4

Dealers, with the exception of 1164

276. THE LORD OF HELL RECEIVES HIS STEWARD'S ACCOUNT OF THE PAINS INFLICTED ON SINNERS (p. 121).

The dealer in medicine, who is at the same time the physician, do not receive the title *sayá*—teacher, doctor—which is accorded to every master workman. The physician (*séthama sayá*) makes no charge for his advice, but only for his medicines. There is, however, a school of doctors who oppose the use of drugs, and rely upon the regulation of diet and on shampooing; they make their charge for the latter operation. Ague (intermittent fever, *pyá-na*) is the commonest complaint in Burma, which no one escapes. The remittent form of malarial fever is also common. Attacks may be light and pass away of themselves, or they may be severe and protracted. Malaria is the chief cause of mortality. The common treatment is to encourage sweating. Aperients are not resorted to if it can be helped, as the Burmese drugs are drastic. In severe cases the head is shaved. Quinine was at one time making its way in the bazárs; but soon adulteration began to be practised, and it lost repute. The scheme of selling the Government quinine at the post offices may be effectual in rehabilitating the medicine. Santonin worm-tablets likewise had a great reputation until adulteration began. Rheumatism is common in Burma. It is treated by shampooing (*a-hnéik*), which in this complaint is most efficacious. *A-hnéik* is a kneading of the muscles and nervous plexuses; massage, in the sense of rubbing, is not practised. The expert shampooers possess an empirical knowledge of the inter-dependences in the nervo-muscular system which is remarkable. An attack of lumbago, which would cripple one for days, is cured in half an hour. Vapour baths, over the water of hot springs, are also resorted to. Heart-burn and colic are common ailments.

277. BURMAN APOTHECARY.

25: Ferrars E-5 (ca. 1890) 1901 APl Burma
Burmese AP4

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278. SHAMPOOING (A-HNEIK).

Dysentery is much less frequent in natives than in European residents. Consumption and pneumonia are rare, but coughs and bronchitis are common. Cancer is not unknown. Measles and chicken-pox follow a mild course. Scarlet fever does not occur, nor does typhus. It is uncertain whether typhoid fever existed in Burma or has been introduced; it is rare among the natives, but attacks Europeans in a bad form. Venereal diseases lurk in the towns. (For leprosy, see p. 41.) Diarrhœa and cholera recrudesce every hot season. There are no records of other pestilence. Small-pox rages in severe epidemics, but with greatly diminished incidence where vaccination has been accepted. Native practitioners were acquainted with inoculation. In introducing voluntary vaccination the British Government has met with great success. The introduction of this measure exemplifies how grotesque the arguments may be that prevail upon the people. The alleged motive of the government was too improbable; so wiseacres cast about for another. What more likely than a dream of the Queen of England—that a child existed in Burma who would overthrow her dominion! This child could not be known, but it would be reached and removed by the plan of poisoning the blood of the whole generation. It was many years before

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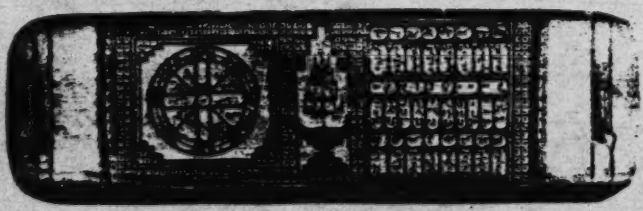

279. HOROSCOPE ON PALM-LEAF.

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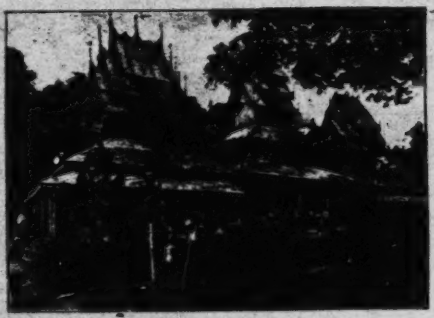
the myth was dispelled. In 1894, when small-pox was known to be approaching from Karenni, the Karén (nat-worshipping) village of Bilin-Mèwaing among others, consisting of sixty souls, submitted to vaccination. The lymph took in all but sixteen cases. Six months later small-pox reached the locality. Twelve

25; Ferrars E-5 (ca. 1890) 1901 APl Burma
Burmese AP4



220. KOTHEIKA YON (p. 101).

of the unsuccessfully vaccinated caught the disease, and ten of them died. None of the forty-four were attacked. These statistics could be multiplied. The medicine-dealers keep many of the crude commercial drugs, besides simples of their own collecting. Of the former, the principal are aloes, jalap, croton-seed, senna, bitter barks, catechu, opium, camphor, ginger, cardamom and other aromatics. The medicinal use of castor-oil is not known, though the plant is common. Spirits are now used medicinally. Many of the vegetable remedies are almost inert (see *The Burmese, what do they know of medicine?* by Dr. D. H. Cullimore). But there is one that deserves to be known, namely, the Shan remedy for tape-worm, *Mssé*, which is both effectual and mild. Among the mineral drugs are mercury, calomel, sulphur, blue and green vitriols, alum, salammoniac, nitre. There is a whole category of supposititious remedies, tiger's gall, rhinoceros' blood, ant-eater's scales, and so forth; they are charred before being made up. Allied to this class of remedies is that of charms, the vendors of which (nat-wives—*nakhadáw*) trade on the superstition that disease is caused by demons. Every patient will be as particular to mention his star as to describe his complaint. He will be advised to avoid certain classes of remedies on certain days. The "Sunday son" must not purge on Friday, and so on. In times of epidemic and panic, *thibbusadi* are erected at every house, as they likewise are in cases of sickness (No. 431). They are merely of sand, held together with circles of bast. Sometimes they are erected to avert calamity declared to be impending in a *thwetə-hkwàn*, a message on gold foil dropped from heaven by a *Thadyá* (p. 186). Images are dedicated

221. CHILDREN'S BAZAR (p. 181).